

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001966

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 186Primary Registration District No. 5570Registrar's No. 24

FILED JAN 14 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sibley</b>		Length of stay in lb <b>40 yrs.</b>	c. CITY OR TOWN <b>Sibley</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>his own home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>none</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Paul Brockmeyer</b>		4. DATE OF DEATH <b>January 3, 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/1/86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer &amp; trucker</b>	9. AGE (last birthday) <b>76</b>
11a. FATHER'S NAME <b>Henry Brockmeyer</b>		11b. MOTHER'S MAIDEN NAME <b>Christina Wegener</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Henry Brockmeyer</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Brockmeyer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>618</b>	17. INFORMANT <b>Mrs. Ethel Brockmeyer, Sibley, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Chorea's General Sclerotic Heart Dis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>-</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>-</b>		20c. TIME OF INJURY Hour <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a.m. <b>-</b> p.m. <b>-</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>	
20f. CITY, TOWN, OR LOCATION <b>-</b>		COUNTY <b>-</b> STATE <b>-</b>	
21. I attended the deceased from <b>Oct 1962</b> to <b>Dec 1962</b> and last saw her alive on <b>Dec 8 1962</b> Death occurred at <b>730 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James W. Miller M.D.</b>		22b. ADDRESS <b>Oak Grove Mo</b>	
22c. DATE SIGNED <b>1-4-63</b>		22d. DATE <b>1/5/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Buckner Cemetery</b>	
23c. LOCATION (City, town, or county) <b>Buckner, Missouri</b>		23d. DATE RECD. BY LOCAL REG. <b>5-63</b>	
24. FUNERAL DIRECTOR <b>Hazel H. Reppert</b>		25. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ralph O Jones*

Licensed Embalmer No. 4604

P. O. Address Odessa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.